



STATE OF TENNESSEE  
**TENNESSEE MOTOR VEHICLE COMMISSION**  
500 JAMES ROBERTSON PARKWAY-2<sup>ND</sup> FLOOR  
NASHVILLE, TENNESSEE 37243-1153  
PHONE 615-741-2711  
FAX 615-741-0651

File No. _____
Xact No. _____
Action: _____
<b>For Office Use Only</b>

## APPLICATION FOR AUTOMOBILE AUCTION LICENSE

Application is hereby made for automobile auction license to engage in the business of selling in the auction format motor vehicles in the state of Tennessee in compliance with the provisions of Tennessee Code Annotated 55-17, et seq. **Print in black ink or type** requested information.

1. Firm Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Full name of entity to be licensed)(Use line below, if necessary) (Area Code & Phone No.)  
\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
( Fax No. w/Area Code)

2. (a) Location Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (County) (Zip)

(b) Mailing Address (if different, the mailing address must be in the same county)

\_\_\_\_\_  
(P. O. Box or Street)  
\_\_\_\_\_  
(City) (County) (Zip)

3. Names of senior management representatives who will be responsible for sales activities at the auction operation and their job titles, name of licensed auctioneer firm and current Tennessee license number.

<u>Name</u>	<u>Title</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

4. Physical description of facility must exceed minimum requirements as per attached instruction sheet.

Type of Building: \_\_\_\_\_ (ex. wood, brick, block, etc.); Gross Building Area: \_\_\_\_\_ (Square Feet);  
Land Size \_\_\_\_\_ (Square Feet or Acreage) Pass through lanes # \_\_\_\_\_  
Fencing type \_\_\_\_\_

5. Is the auctioning of motor vehicles the principal business at the location named in this application? \_\_\_\_\_  
(Yes or No)

6. Are you engaged in any other business which is conducted from this establishment? \_\_\_\_\_  
(Yes or No)

If yes, describe: \_\_\_\_\_

7. Have any of the individuals, partners, or corporate officers named ever been convicted of a felony? \_\_\_\_\_  
If yes, attach court records. (Yes or No)

8. Type of business (circle one);    Proprietorship    Partnership    Corporation    LLC    LLP

(a) If proprietorship, give name, residential address and telephone number of owner: \_\_\_\_\_

\_\_\_\_\_

(b) If partnership, give name and residential address of each partner and designate managing partner or partners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) If corporation:

(1) Domestic (Tennessee) - provide copy of Charter and any amendments:

(2) Foreign (out-of-state) corporations - provide copy of a Certificate of Authority stating agent for service of process.

(3) List name, address, and title of officers, directors, and any/all persons or entities owning more than five percent (5%) of outstanding shares of stock issued by the corporation on the "Stockholders Information Update" form. Form supplied with this application packet.

9. Have you ever filed for bankruptcy? If so, when and under what name: \_\_\_\_\_

10. All facilities must be manned and open during reasonable business hours. State what days per week and hours per day this business will be open.

\_\_\_\_\_

11. Has any application for a motor vehicle dealers' license ever been denied, revoked or suspended in this or any other state? \_\_\_\_\_  
(Yes or No)

If yes, explain below what precipitated the decision and attach any/all relevant documents.

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12. Proof of liability insurance with a minimum coverage of \$500,000 must be provided by a Certificate of Insurance. This insurance must remain in force for as long as the licensee is licensed. The Tennessee Motor Vehicle Commission must be listed as the certificate holder.

**I hereby certify that the statements in, or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made, and that I, as proprietor, partner, or officer of the corporation, have authority to make the statements contained here.**

**BIENNIAL FEE: \$400.00**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized Signature)

Title: \_\_\_\_\_  
(Print or Type) (Print Name)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(Notary Public) My commission expires : \_\_\_\_\_

**Mail application, attachments, and fee** to the **TENNESSEE MOTOR VEHICLE COMMISSION**, 500 JAMES ROBERTSON PARKWAY, SECOND FLOOR, NASHVILLE, TENNESSEE 37243-1153.

CHECK LIST OF ATTACHMENTS TO APPLICATION:

- |  |   |
|--|---|
| <input type="checkbox"/> 2 Year Surety Bond (Original including Power of Attorney)           | <input type="checkbox"/> Copy of Zoning Letter  |
| <input type="checkbox"/> Certificate of Liability Insurance                                  | <input type="checkbox"/> Copy of corporate charter, if applicable                                     |
| <input type="checkbox"/> Copy of Stockholders Update, (if applicable)                        | <input type="checkbox"/> Copy of Field Investigators Inspection form                                  |
| <input type="checkbox"/> Copy of State Sales Tax Certificate of Registration                 | <input type="checkbox"/> Copy (ies) of Financial Disclosure   |
| <input type="checkbox"/> Copy of County Business Tax License                                 | <input type="checkbox"/> Financial statement prepared by CPA as per instruction included with packet. |
| <input type="checkbox"/> Copy of City Tax license, (if applicable)                           | <input type="checkbox"/> Copy of Check and Title insurance coverage with seal.                        |
| <input type="checkbox"/> Copy of firm license issued by the Tennessee Auctioneer Commission. |   |

